

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000355431

Entity Name: ADRIANA INSURANCE LLC

Current Principal Place of Business:

4805 NW 79 AVE
SUITE 1
DORAL, FL 33166

Current Mailing Address:

4805 NW 79 AVE
SUITE 1
DORAL, FL 33166 US

FEI Number: 85-3832119

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMAGUER, GEORDANNY
4805 NW 79 AVE
SUITE 1
DORAL, FL 33166 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORDANNY ALMAGUER

03/18/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ALMAGUER PENA, GEORDANNY
Address 660 E 63 ST
City-State-Zip: HIALEAH FL 33013

Title MGR
Name PABLOS BOFILL, ADRIANA
Address 660 E 63 ST
City-State-Zip: HIALEAH FL 33013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORDANNY ALMAGUER PENA

03/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date